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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705693 (0)

1. Corporation Name

2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.

Principal Place of Business	Mailing Address
2014 LAKELAND HILLS BLVD. POST OFFICE BOX 1173 LAKELAND FL 33802	2014 LAKELAND HILLS BLVD. POST OFFICE BOX 1173 LAKELAND FL 33802-1173

3. Date Incorporated or Qualified: 05/30/1963
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2668398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKOKAN, OTTO R.
1323 LAKE BONNY DR. WEST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Otto R Skokan, Trustee — DATE: 1/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZEBROWSKY, TEDDY A.		1.2 NAME		
STREET ADDRESS	4129 MOONRAKER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKOKAN, OTTO R		2.2 NAME		
STREET ADDRESS	1323 LK BONNY DRIVE W		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WASILEWSKI, DONALD S		3.2 NAME		
STREET ADDRESS	4647 KINGS POINT CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OBER, RICHARD J		4.2 NAME		
STREET ADDRESS	8639 PLANTATION RIDGE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOMICH, VICTOR J		5.2 NAME		
STREET ADDRESS	314 GREENWOOD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	CHLUPSA, GUY		6.2 NAME	LENTZ, RAYMOND H	
STREET ADDRESS	6063 CRAFTON DR.		6.3 STREET ADDRESS	10000 US 98 N, LOT 109	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND FL 33809	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald S. Wasilewski DONALD S. WASILEWSKI 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052539